Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812 Reportable Diseases and Conditions*

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- §2500(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case §2500(c) or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health
- §2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

- = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations).
- = Report by FAX, telephone, or mail within one working day of identification (designated by a + in regulations).

FAX (C)		= Report by FAX, telephone, or mail within one working day of = All other diseases/conditions should be reported by FAX, telephone			
REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643					
IXLI OI			_		
		Acquired Immune Deficiency Syndrome (AIDS)			Paralytic Shellfish Poisoning
		(HIV infection only: see "Human Immunodeficiency Virus")	_		Pelvic Inflammatory Disease (PID)
		Amebiasis	FAX 🏈		Pertussis (Whooping Cough)
FAX 🏈		Anisakiasis			Plague, Human or Animal
		Anthrax			Poliomyelitis, Paralytic
FAX 🌘	\triangleright	Babesiosis			Psittacosis
	7	Botulism (Infant, Foodborne, Wound)	FAX (🕻)		Q Fever
	7	Brucellosis			Rabies, Human or Animal
FAX 🏈	\triangleright	Campylobacteriosis	FAX (🕻)	\triangleright	Relapsing Fever
		Chancroid			Reye Syndrome
		Chlamydial Infections			Rheumatic Fever, Acute
	7	Cholera			Rocky Mountain Spotted Fever
					Rubella (German Measles)
	_	Coccidioidomycosis			Rubella Syndrome, Congenital
FAX (C)	\triangleright	Colorado Tick Fever	FAX (C)		Salmonellosis (Other than Typhoid Fever)
		Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology			Scombroid Fish Poisoning
		Cryptosporidiosis	FAY (P)		Severe Acute Respiratory Syndrome (SARS)
		Cysticercosis	FAX (g)		Shigellosis
	7		FAY (P)		Smallpox (Variola) Streptococcal Infections (Outbreaks of Any Type and Individual
	7	Diarrhea of the Newborn, Outbreaks	FAX (6)		Cases in Food Handlers and Dairy Workers Only)
	_	Diphtheria	EAV (P)		Swimmer's Itch (Schistosomal Dermatitis)
	7	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)			Syphilis
	ш	Echinococcosis (Hydatid Disease)	1744		Tetanus
		Ehrlichiosis			Toxic Shock Syndrome
FAY (P)		Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic			Toxoplasmosis
1700		Escherichia coli O157:H7 Infection	FAX 🕜	\triangleright	Trichinosis
+ FAX (P)		Foodborne Disease	FAX (Tuberculosis
1		Giardiasis	O		Tularemia
		Gonococcal Infections	FAX 🏈	\triangleright	Typhoid Fever, Cases and Carriers
FAX 🕜		Haemophilus influenzae Invasive Disease	0		Typhus Fever
		Hantavirus Infections			Varicella (deaths only)
	7	Hemolytic Uremic Syndrome	FAX 🏈	\triangleright	Vibrio Infections
	-	Hepatitis, Viral		7	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa
FAX 🌈		•	_		and Marburg viruses)
1700		Hepatitis B (specify acute case or chronic)			Water-associated Disease
		Hepatitis C (specify acute case or chronic)	FAX (🕻)		West Nile Virus (WNV) Infection
		Hepatitis D (Delta)			Yellow Fever
		Hepatitis, other, acute	FAX (🕻)		Yersiniosis
		Human Immunodeficiency Virus (HIV) (§2641–2643): reporting			OCCURRENCE of ANY UNUSUAL DISEASE
		is NON-NAME (see www.dhs.ca.gov/aids)			OUTBREAKS of ANY DISEASE (Including diseases not listed
		Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)			in §2500). Specify if institutional and/or open community.
		Legionellosis	DEDOE	этл	DI E NONCOMMINICADI E DISEASES AND
		Leprosy (Hansen Disease)	REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)		
		Leptospirosis			
FAX (🕜		Listeriosis			naracterized by Lapses of Consciousness
•		Lyme Disease			ept (1) basal and squamous skin cancer unless occurring on
FAX (🕜)	\triangleright	Lymphocytic Choriomeningitis	•		and (2) carcinoma in-situ and CIN III of the cervix)
		Malaria	Pesticide-related illness or injury (known or suspected cases)**		
		Measles (Rubeola)	LOCAL	ıv	DEDODTADI E DISEASES (If Applicable):
		Maningitia Chapity Etiplagy Viral Restorial Europe Paracitia	LUCAL	_L T	REPORTABLE DISEASES (If Applicable):

LOCALLY REPORTABLE DISEASES (If Applicable):

Non-Gonococcal Urethritis (Excluding Laboratory Confirmed

FAX (Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

Meningococcal Infections

Chlamydial Infections)

Mumps

This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

^{*} Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).